

NATIONAL Assessment Centre Services.

(part 1 Jan'05)

SM 09211E0004

Date In: 14/1/21 10:28	Job description	Date & Time Completed	Done by
Ref No: NAJ 111 21000 6641	SAS e-filing		
Veh No: SLN 8097C	E-mail (within 2hrs, AIC 2hrs)		
ICIA: 13/1/21 18:15	I-Motor Claim Form		
(11) (P) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Profitted Wksp / INC Assign Wksp / GW: (Tel: (Fax: (
TP Particulars:	Veh No: SLN 3020P	INC () / Non-INC ()
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (% [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolar.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: ()

NA2100908	Invoice Itemization	
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Bug-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claimant against INC Only (wa 10 Jan 2005)	
	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	OD:	
	*NS: Courtesy Car / Tpt Allowance	\$5
	*NG: Repair Co-ordination	\$10
	*NF: Post Repair Inspection	\$25
	*NB: DV / Collect Excess Coordination	\$5
	TP (N11): TP (Non INC) against INC	\$20
	9) N12: Idao Mobile	\$0
	Invoice dated	
	Fee Charged	
	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	14/01/2021 10:28 (SGT)
Date of Accident	13/01/2021 18:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS CHANGI AFT TOA PAYOH AVE 2 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN8097C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	POH WENJUN
NRIC No	SXXXX781C
Email Address	WENJUN.POH@HOTMAIL.COM
Mobile Phone No	(Phone) +65-94369793
Alternative Phone No	+65-94369793

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Swift
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	India International
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D19MPC0002779_01
Cover Note Number	-

DRIVER

Name of Driver	POH WENJUN
NRIC No	SXXXX781C
	00/00/1000

Date Of Driving Pass	16/05/2008
Driving experience	12 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94369793
Alt. Phone Number	+65-94369793
Email Address	WENJUN.POH@HOTMAIL.COM
Address	BLK 146 SIMEI ST 2 #10-26
Address complement	-
Postcode	520146
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC3020P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGY3216K
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person POH WENJUN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? SLN8097C
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

PIE TOWARDS
CHANGI AFTER
TAO PAYOH AVE
2 Exit



(A) SLN 8097C
(B) SLC 3020P
(C) SGY 3216K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards Changi ~~exit~~ on lane 1 of 4 lanes. Weather was clear. Traffic was moderate. The vehicle in front of me slowed down and stopped. Noticing that, I also slowed down and came to a halt. After a few seconds, I felt an great impact from the rear. The impact was so huge that it pushed me forward and collided into the rear of the vehicle in front. I awoke and realized it was a chain collision involving 3 vehicles.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D19MPC0002779_01	COVER: COMPREHENSIVE
<p>1. Index Mark and Registration Number of Vehicle : SLN8097C Chassis No : JSAEZC31S00205069</p> <p>2. Name of Policyholder : POH WENJUN</p> <p>3. Effective date of Insurance : 22 Jun 2020</p> <p>4. Expiry date of Insurance : 21 Jun 2021</p> <p>5. Persons or Classes of Persons entitled to drive*</p> <p>(a) The Policyholder The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.</p> <p>(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle</p> <p>6. Limitations as to use*</p> <p>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p> <p>The Policy does not cover</p> <p>a) Use for hire or reward. b) Use for racing, pace-making, reliability trial, speed-testing. c) Use for the carriage of goods other than samples in connection with any trade or business. d) Use for any purpose in connection with the Motor Trade.</p> <p><small>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</small></p>	
<p>Insured & Named Drivers Excess Sect I : SGD600.00 Unnamed Drivers Excess Sect I : SGD1,100.00 Windscreen Excess : SGD100.00</p> <p>Hire Purchase Company : Index Credit Pte Ltd</p> <p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- WILL BE APPLICABLE.</p> <p>I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).</p> <p>Agent/Broker : A000041/P & C INSURANCE AGENCY Date of Issue : 21/05/2020 17:12:21 MX1-Private Car (Insured Driving)</p>	
<p>For India International Insurance Pte Ltd</p>  _____ Authorised Signatory	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 781C

Vehicle Details

Vehicle No.: SLN8097C

Vehicle to be Exported: No

Intended Deregistration Date: 31 Jan 2021

Vehicle Make: SUZUKI

Vehicle Model: SWIFT 1.6 AT

Primary Colour: Grey

Manufacturing Year: 2009

Engine No.: M16A1497033

Chassis No.: JSAEZC31S00205069

Maximum Power Output: 92.0 kW (123 bhp)

Open Market Value: \$16,315.00

Original Registration Date: 22 Dec 2009

First Registration Date: 22 Dec 2009

Transfer Count: 2

Actual ARF Paid: \$16,315.00

Intended PARF Rebate Details

PARF Eligibility: Forfeited

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 31 May 2024

COE Category: A - Car (1600cc & below)

COE Period(Years): 5

PQP Paid: \$13,943.00

COE Rebate Amount: \$9,295.00

Total Rebate Amount: \$9,295.00

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 14 Jan 2021

Date of Accident : 13-01-2021 Accident Time: 1815 HRS (24-HR-Format)
Accident Place : PIE Tindo Changi Aft Toa Payoh Ave 2 Exit
Vehicle. No. (Car Plate No.) : SLN 8097C Make/Model: Suzuki Swift 1.6 AT
Insurance Company : Ind Int. Insurance Policy No: D19MPC0002779-01
Owner or Company Name /IC No. : Poh Wenjun CS8323781C
Owner or Company Contact No. : _____ Owner's Hp 94369793 Company Tel
DRIVER'S Name / IC No. : Same as above
DRIVER'S Date Of Birth : 08-04-83 DRIVER'S License Pass Date 16-05-2008
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : 140 Simei Street 2 #10-26 S(520146)
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : ☒ INDOOR ☐ OUTDOOR (e.g. working inside or outside office)
Email Address : wenjun.poh@hotmail.com
Weather & Road Surface : ☒ CLEAR & DRY ☐ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only ☒ Claim Other Party ☐ Claim Own Insurance
Number of Passengers (Including Driver): Driver only
Was there any video Captured by car camera: YES ☒ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): Neck Back Pain

Other Party Driver's Particular (if any)

Vehicle. No: SLC 3020P (HMC)	Vehicle. No: SGT 3216K
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender: